



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year: **2019**
Corporation

2019 SEP -3 A 10:06

- Filing period: January 1 - March 1
 → Filing Fee \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000713841		2. Exact name of the Corporation Hann Auto Trust			
3. Principal Office Address One Centre Drive			City Jamesburg	State NJ	Zip 08831
4. NAICS Code 532112	6. Brief description of the character of business conducted in Rhode Island To facilitate registration of leased vehicles in Rhode Island.				
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph R. Lizza			Vice-President Name N/A		
Street Address One Centre Drive			Street Address		
City Jamesburg	State NJ	Zip 08831	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		NONE			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Julie K. Jablonowski				Date 08/29/2019	
Signature of Authorized Representative <i>Julie K. Jablonowski</i> SIGN DOCUMENT FILED					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

SEP 03 2019
 BY **2205**
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